NURSING IN MENTAL AND NERVOUS DISEASES[1]

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Since the days of the Christ, man of Nazareth, the hearts and minds of men have been influenced to acts of mercy and charity. That pure, gentle and sympathetic character has inspired men and women with the liveliest interest in the alleviation of the pain and suffering of their fellow men. The inspiration from this wonderful example of love and pity for the afflictions of mankind has led many noble men and women to give their time and means to the building and maintaining of wonderful hospitals where the sick and infirm may be taken care of. All branches of medicine have been considered. Some have been treated with more consideration and thought than others.

The field in which I am particularly interested has been considered, but the scientific men have not given it the thought and attention that have been given to other fields. It is only during these past few years that men of learning have taken a great interest in the cause of insanity. Just to become a little more familiar with its progress, we will briefly glance at the past history of the treatment of the insane.

In the very early times, when the old Egyptian rule was swaying the world, we hear of the humane and scientific care given to the insane. The priests and priestesses, along with their spiritual remedies, advocated and ordered their patients to be given healthful recreation and suitable occupation. They were to be interested in music, nature and art. The Greek medical school, also, employed the more gentle methods which are used even today, such as out-door life, music, games and hydrotherapy.

It was in the Grecian school that the brain was first conceived to be the seat of insanity. The records and clinical description written at that time, more than 2000 years ago, compare very favorably with those of today. As powers changed, medical science seemed to retrograde and the knowledge of insanity grew less. The humane treatment was gradually changed and forgotten and the care of the insane took on a new form. It was no longer considered a disease of the mind, but a condition in some way relating to the spiritual being of the

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persons; the individual was possessed of an evil spirit and the symptoms were recorded as wilful demonstrations of sinfulness. They were driven from home, ostracized by relatives and friends and were forced to seek shelter in caves and hollow trees. Sometimes they received spiritual treatment. Long pilgrimages were made to shrines of some patron saint who was believed to have great influence in the work of mental restoration. Many wonderful cures have been attributed to this practice.

This was succeeded by the witchcraft period, perhaps the most horrible in the records of the care of the insane. Many of these poor, unfortunate people were burned to death, others were scourged and tortured in the vain hope of expelling the demons and liberating the victims from the powers of darkness. There was, however, during this dark age, one bright spot; the monks at Saragossa were giving the mentally deranged humane treatment and were using the open air treatment, as advocated in modern times.

Gradually a movement was begun to segregate the insane into communities under the control of the public. One of the first institutions of this kind was the Bethlehem Hospital in London. The treatment received in this hospital was little better than that of the witchcraft period. There the patients were most cruelly restrained, secluded and in some cases tortured. Large fees, amounting to several hundreds of dollars, were collected each year from permits to see and laugh at the excited and raving patients confined in their cells or in the open court-way.

The beginning of a more humane era in the treatment of the insane came when Dr. Pinel took charge of the Paris Asylum for Incurables. His first movement was an appeal to the Parisian Assembly for permission to remove the fetters and chains from the unhappy beings under his charge. After much deliberation, he was reluctantly granted the opportunity to try a few cases.

There is, perhaps, no more touching picture in history than that of this kind-hearted man releasing the unfortunates from the bonds and fetters which had encircled their bodies for years.

A little later this reform was begun in England. These were the real steps towards scientific treatment. The insane came to be looked upon as unfortunate human beings stricken with a terrible disease. Scientific men turned their attention to the study of insanity. Many new and strange devices for its treatment were adopted. The chains were replaced with wooden cribs with leather and canvas restraints.

These were followed by chemical restraint, that is, the use of drugs

which quickly produce a stupor and temporarily have a quieting effect upon the patient, but which will eventually retard his improvement.

The latest movement is the abolition of all restraint, both mechanical and chemical. With these changes came the need of the trained nurse and attendant. The guards of the Bethlehem Hospital type are no longer needed, but have been replaced by the trained attendant, who is instructed in the proper treatment of his patients. This brings us to the treatment and care as given today and the part the trained nurse is taking in making this of the highest standard.

Nursing the insane, if done well, covers the most difficult field of nursing. The first great thing requisite in a nurse for the nervous and insane is the capacity for making her patients trust her. She should never practise deception of any kind with the idea that by so doing she can change or dispel their delusions. Nervous patients have such an intense craving for sympathy that if a nurse by her manner shows a kindly interest in them, shows by her actions she is honest with them, that she is willing to listen to their story, a great step is gained.

From the nurse's viewpoint, we may classify the patients in a hospital for the insane into five classes: (1) The recent and acute cases; (2) the physically ill or hospital cases, who are receiving special medical and surgical attention; (3) the infirm, feeble, childish cases; (4) the chronic cases, those which have been in the hospital for some time and are of a nature which run a long continued course; (5) the disturbed cases, which may be either acute or chronic.

You will note that the classification has been made according to conditions rather than psychosis. The recent and acute cases are undoubtedly the hardest to handle. The maniacal, delirious, the homicidal and suicidal depressed, call for the best possible care. Many people unacquainted with this class think they are to be feared, that they are unappreciative, that they do not realize their surroundings. This, of course, is not so. Many have a very clear understanding of their environment. They enjoy games and other amusements. Many are interested in music and can converse intelligently on various subjects. The attitude of the nurse towards these patients should be the same as that towards any sick person. She should possess tact, patience and vigilance. She should never make light of any peculiarity, nor attempt to argue them our of their delusions. She should be well versed in simple occupations, such as kindergarten work; familiar with many games, and interested in nature study so that she will be able to entertain and keep her patients occupied, thereby changing the train of thought and getting her patients out of their gloomy, depressed moods.

She must have a thorough knowledge of mental diseases so as to understand the meaning of symptoms as they appear.

The moods of patients change so rapidly that she must be constantly on the alert to prevent any action which might be of serious moment to the patient himself, to another patient, or to those caring for him. She must be able to observe with keenness and report accurately, for upon her report to a great extent will depend the diagnosis as well as the treatment of the case.

The second and third classes are the physically ill cases. The feeble and infirm require the same attention as those suffering with a physical or surgical ailment. The nurse caring for these cases must have an intelligent knowledge of the principles and practice of general nursing.

The chronic demented untidy cases require the most careful attention. Nursing them is the most unpromising and takes the greatest amount of personal care. The nurse's task resolves itself into the mere attempt to stay the progress of disease and supply the bodily wants neglected through the patient's loss of mind. She must see that her patients are well nourished, for upon the nourishment depends to a great degree the preservation of whatever faculties are left. She must carefully watch the bowels and guard against the retention of urine. The personal hygiene of the patient is very important. Frequent baths should be given. The patients should be encouraged as far as possible to take care of themselves and to take pride in their general appearance.

The nurse should plan regular amusements, consisting of simple gymnastics and games suited to their demented states. With the amusements should go useful occupations which are easy and can be accomplished by patients of that class.

Last there is the highly disturbed class. In this class we find both chronic and acute cases. One of the first essentials in nursing the disturbed and excited is to get the patient's mind away from himself and to get him interested in something else. This something else will depend upon the individual; it will be a subject he is interested in. Study him; find out his likes and dislikes; encourage one and avoid the other. Perhaps there will be no interesting topic; then the nurse must create a new interest in something.

In the care of this class of patients at the present time hydrotherapy is very extensively used. This consists of the continuous bath, the pack, neutral, hot or cold, depending upon the effects desired, the sprays and Scotch douches. Hand in hand with hydrotherapy we see massage,

which is greatly used for its soothing effects; consequently, a nurse of the insane must have some knowledge of these two branches of therapeutics. An important qualification for the nurse of all types of mental diseases is that of observing and reporting symptoms. To be able to observe intelligently and accurately and record the symptoms is of untold value to the physician. The nurse should adopt a method by which her observations are to be made; in this way she will not omit or forget the many little actions which are of much importance to the physician.

The following is an outline which may be used by the nurse in her observations. It is almost an exact copy of one made by Dr. Henry W. Miller, Clinical Director of the Government Hospital for the Insane, Washington. In making her observation as to the mental condition she would consider first the general attitude and behavior of the patient. This could best be ascertained by the following questions:

1. (a) How did the patient behave when admitted? (b) Is he quiet? (c) Is he dull or sluggish? (d) What does he do throughout the day? (e) In moving about is he slow or hesitating? (f) Is he excited in any way? (g) If so, in what manner? (h) Does he talk much when quiet or excited? (i) Is he ever seen in peculiar positions? (j) Is there any difficulty in getting along with him? (k) How does he get along with the other patients? (l) Is he neat and tidy in appearance? (m) Does he dress himself without assistance? (n) Does he attend to his personal wants? (o) Is he happy or depressed, composed or fearful, agreeable or irritable? (p) How is his appetite? Any peculiarity about his eating?

2. As to orientation: that is, as to time, place and person. Does the patient realize the time, the year, day and hour it may be? The place in which he is living at the present time? Does he realize who persons are? Or does he think that the nurse is a relative, perhaps his daughter, etc.

3. Memory may be tested by asking questions regarding recent occurrences, such as, How did you come here? How long were you in coming? With whom did you come? What was done with you after you came?

4. Hallucinations and delusions may be discovered by noticing if the patient alludes to voices which he has heard or interprets a certain object to be something altogether different from what it really is.

5. Delusions are detected when conversing with the patient if he seems to express false ideas regarding things of which the nurse may have some knowledge.

6. The patient's speech should be noticed and the nurse should be

able to describe and give example of patient's voluntary speech. If he talk without questions, say so; if not, give the questions and the answers. Does he answer questions? Does he do so promptly or slowly?

All the above questions have a certain significance which the doctor will use in his diagnosis, therefore the nurse must be very careful in reporting or recording the answers to the questions precisely as the patient has given them.

From the foregoing, you have no doubt noticed the many qualifications I have enumerated. Nurses who come up to these requirements are difficult for us to find and it is more difficult to induce them to enter the service. Many experienced superintendents tell us that the graduates of general hospital training schools are failures in hospitals for the insane. They give various reasons for their opinion. In my experience I have found the same to be true. This condition is true, I believe, because in a majority of cases the better general hospital graduate does not come to us. Those who are a failure with us probably would be failures elsewhere. Many graduates of general hospitals, though the number is limited, are doing excellent work in the state hospitals. I think to do the most efficient work, the two types of nursing should be considered.

There should be close affiliation between the general hospitals and those for the insane. This, too, as far as this state is concerned, has been a failure. Not much has been done, but the attempt was not a success, as far as I know, for either hospital; neither was satisfied with results. I do not know just where the trouble lay, but I do feel that it could be made a success and both schools could be benefited. To make such an arrangement successful would require careful planning, each curriculum should work into the other. At the present time the hospitals of our own state have a fairly well-equipped system of training. I hope the day is not far distant when the state hospitals can have affiliations with the general hospitals where their students can receive training in those branches in which they are deficient. I also think the general hospital nurses should come to us for at least three months' work with the insane. This latter, at least for the present, should be optional, but it should be encouraged by the superintendents of the training schools. A very carefully planned course should be given by the state hospital, so that the work would be worth while and interesting to the general hospital student.

In this state we have no special course in our training school, but I think we should have. Perhaps in the near future such a course may be established.

We become greatly discouraged at times. Nursing the insane and conducting training schools connected with hospitals for the insane are difficult and extremely trying. Yet the work is interesting and I believe if we put our hearts into it, our work will last. We may not see the results, but our efforts will be the foundation of the realization of those ideals which we are striving to attain.

A COVER FOR TRAYS

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If one has even been a bed patient in a hospital and had a dainty tray of tempting food brought to one, only to find, upon tasting, the viands cold and disappointing, one will as never before realize how really necessary to the patient's recovery as well as comfort, is the minutest detail pertaining to the diet.

Perhaps small hospitals, where it is necessary for the trays to be carried directly from the kitchen to the patient, instead of from the diet kitchen to the patient, will find the following a practical and economical way of having the food as warm when it reaches the patient as when it leaves the kitchen.

Have your tinner construct of sheet tin or zinc, a cover along this order: he probably will have some scraps of material which he will be glad to dispose of in this way, if not it can be purchased for a very small price at a hardware store. A flat piece of tin the same shape and a trifle smaller than the tray is soldered at right angles to a strip of tin, as long as the perimeter of the flat piece and six or eight inches wide. The ends are united in a smooth seam, making a cover light in weight, tall enough to cover the tallest dish and setting evenly just inside the outer rim of the tray. The top should have a small hole through which steam may escape and a short piece of tin may be soldered in place for a handle.

We have a dumb waiter which carries four trays at once, so we found four of these covers sufficient for our needs, and the four of them cost us a trifle over one dollar.

By exercising care in drying them each time, they do not require washing after each meal so do not add very much to the work in the kitchen, as they are kept stacked on the back of the tray table.